

EMS COUNTY GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program
Complete all items**



ID. Code (The State EMS Program will assign the ID Code – leave this blank) _____

1. County Name:	Alachua County
Business Address:	911 SE 5th Street Gainesville, FL 32601
Telephone:	352-384-3101
Federal Tax ID Number (Nine Digit Number):	VF 59-6000501

2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the county shall comply fully with the conditions outlined in the Florida EMS County Grant Application.

Signature: *Marihelen Wheeler* Date: *12/14/21*
 Printed Name: *Marihelen Wheeler*
 Position Title: **Commission Chair**

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)

Name: **Michael D. Cowart**
 Position Title: **Assistant Chief - EMS Branch**
 Address: **911 SE 5th Street
Gainesville, FL 32601**

Telephone: **352-384-3117** Fax Number: **352-337-6138**
 Email Address: **mcowart@alachuacounty.us**

4. Resolution: Attach a resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures. We cannot process for funds without this resolution.

5. Organization List: Complete a budget page(s) for each organization, which at your option you will provide funds. List the organization(s) below. (Use additional pages if necessary)

Alachua County Fire Rescue

North Central Florida Trauma Agency

FLORIDA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES (EMS) GRANT UNIT

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of section 401.113(2) (a), *Florida Statutes*, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

The county name, address, and corresponding federal ID number must be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state must provide these.

Name of County: Alachua County

Mailing Address: 911 SE 5th Street

Gainesville, FL 32601

Federal 9-digit Identification number: 59-6000501 3-digit seq. code

Authorized County Official: *Marihelen Wheeler* 12/14/21
Signature Date

Marihelen Wheeler, Commission Chair
Type or Print Name and Title

Sign and return this page with your application to:

Florida Department of Health
Emergency Medical Services Unit, Grants
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722

Approved as to Form
DocuSigned by:
Robert C. Swain
27400350492316
Alachua County
Attorney

Do not write below this line. For use by State Emergency Medical Services Section

Grant Amount for State to Pay: \$ _____ Grant ID: Code: _____

Approved By: _____
Signature of State EMS Unit Supervisor Date

Approved By: _____
Signature of Contract Manager Date

State Fiscal Year: 2021 - 2022

Organization Code 64-61-70-30-000 E.O. 05 OCA SF005 Object Code 751000 Category 059998

Federal Tax ID: VF _____ Seq. Code: _____

Grant Beginning Date: _____ Grant Ending Date: _____